

FORWARD MOTION

JANUARY 1-3, \$135

Please Complete Application Below and on back:

Name _____

Address _____

Birth Date _____ Grade _____

Father _____ Day Phone _____

Mother _____ Day Phone _____

Medical information that might be helpful _____

Allergies to any drugs or foods _____

Medications currently being taken _____

Family physician _____ Phone _____

Medical insurance _____

Policy number _____

Name of Policyholder _____

THE DETAILS

Location:

Quaker Hill

1440 Warren Wagon Rd, McCall, ID
83638

Drop Off

Drop off Students at the Youth Room (9226 W. Barnes dr. 83709) at **noon** on Friday January 1st. Bring a sack lunch/snacks for the road trip.

Pick up:

At the youth room at 3:30pm on Sunday, January 3rd

What to Bring:

-Bible/Notebook/Pen - Winter Clothes - Snow Clothes - Snow Boots - Tennis Shoes - Toothbrush/Toiletries -Towel - Sleeping Bag - Pillow - Spending Cash (snack bar)

What Not to Bring:

Weapons of any kind (Ex. Knives)- iPod - Mp3 player - iPad - Tablets - Computers - Video games of all kinds - or anything else that can distract you from receiving the Lord.

I, the undersigned parent, or legal guardian do hereby give my permission for

_____ minor, to participate in the 2021 Calvary Chapel Treasure Valley Winter Camp. I also authorize any pastor or leader of Calvary Chapel Treasure Valley to obtain medical help for my child if needed. I hereby authorize and consent to any X-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff licensed under the provisions of the medicine practice act, of a dentist licensed under the provisions of the dental practice act and or the staff of any acute general hospital holding a current license to operate a hospital from the state of Idaho Health and Welfare Department. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, and is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that an effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any treatments will not be withheld if the undersigned cannot be reached. I will not hold Calvary Chapel Treasure Valley legally responsible for injuries or medical expenses should they occur.

Signature of Parent or Legal Guardian

(Date)

Print Name

Phone Number

Contact:

P: 208.342.1072

W: calvarytv.org

Ages:

Students 6th through 12th grade

Emergency Contact:

Justin 208.272.1844

Mario 208.500.8151